

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101552485

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		2				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18	1					
19		1				
20		2				
21	1					
22		1				
23		2				
24		2				
25		2				
26	1					
27		1				
28		2				
29		2				
30	1					
31		1				
32		1				
33	1					
34		2				
35		2				
36		2				
37		2				
38		2				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	49					
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY